

PROFESSIONAL LICENSURE DIVISION[645]

Adopted and Filed

Rule making related to opioid prescribing practices of a physician assistant

The Board of Physician Assistants hereby amends Chapter 326, “Licensure of Physician Assistants,” Chapter 327, “Practice of Physician Assistants,” Chapter 328, “Continuing Education for Physician Assistants,” and Chapter 329, “Discipline for Physician Assistants,” Iowa Administrative Code.

Legal Authority for Rule Making

This rule making is adopted under the authority provided in Iowa Code sections 147.76 and 148C.5.

State or Federal Law Implemented

This rule making implements, in whole or in part, Iowa Code chapters 124, 147, 148, 148C and 272C and 2018 Iowa Acts, House File 2377.

Purpose and Summary

2018 Iowa Acts, House File 2377, created new Iowa Code section 124.551A, which requires the Board to adopt rules requiring prescribing practitioners to review patient information in the prescription monitoring program (PMP). New Iowa Code section 147.162 requires the Board to adopt rules to establish penalties for practitioners who overprescribe opioids. New Iowa Code section 272C.2C requires the Board to adopt rules requiring continuing education for opioid prescribers as a condition of license renewal. These amendments mandate physician assistants who prescribe opioids to check the PMP prior to prescribing opioids, require continuing education regarding opioid prescriptions, and permit Board discipline for physician assistants who overprescribe opioids.

Public Comment and Changes to Rule Making

Notice of Intended Action for this rule making was published in the Iowa Administrative Bulletin on November 21, 2018, as **ARC 4128C**. A public hearing was held on December 11, 2018, at 8:30 a.m. in the Fifth Floor Conference Room 526, Lucas State Office Building, Des Moines, Iowa. No one attended the public hearing. No public comments were received. No changes from the Notice have been made.

Adoption of Rule Making

This rule making was adopted by the Board on January 16, 2019.

Fiscal Impact

This rule making has no fiscal impact to the State of Iowa.

Jobs Impact

After analysis and review of this rule making, no impact on jobs has been found.

Waivers

A waiver provision is not included in this rule making because all administrative rules of the professional licensure boards in the Professional Licensure Division are subject to the waiver provisions accorded under 645—Chapter 18.

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rule making by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rule making at its [regular monthly meeting](#) or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

Effective Date

This rule making will become effective on March 20, 2019.

The following rule-making actions are adopted:

ITEM 1. Adopt the following **new** definitions of “Opioid” and “Prescription monitoring program database” in rule **645—326.1(148C)**:

“*Opioid*” means a drug that produces an agonist effect on opioid receptors and is indicated or used for the treatment of pain.

“*Prescription monitoring program database*” or “*PMP database*” means the Iowa prescription monitoring program database administered by the Iowa board of pharmacy pursuant to Iowa Code chapter 124, subchapter VI, and 657—Chapter 37.

ITEM 2. Adopt the following **new** subrule 327.6(3):

327.6(3) Prior to prescribing an opioid, a physician assistant shall review the patient’s information contained in the prescription monitoring program database, unless the patient is receiving inpatient hospice care or long-term residential facility patient care.

ITEM 3. Adopt the following **new** paragraph **328.3(2)“d”**:

d. A licensee who has prescribed opioids to a patient during the renewal cycle shall complete a minimum of two hours of continuing education regarding the guidelines for prescribing opioids for chronic pain, as issued by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, including recommendations on limitations on dosages and the length of prescriptions, risk factors for abuse, and nonopioid and nonpharmacologic therapy options, as a condition of license renewal. These hours may count toward the 100 hours of continuing education required for license renewal. The licensee shall maintain documentation of these hours, which may be subject to audit.

ITEM 4. Adopt the following **new** subrule 329.2(32):

329.2(32) Prescribing opioids in dosage amounts that exceed what would be prescribed by a reasonably prudent licensee.

[Filed 1/18/19, effective 3/20/19]

[Published 2/13/19]

EDITOR’S NOTE: For replacement pages for IAC, see IAC Supplement 2/13/19.